Medical Attendant.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Bealth Department. City of Baltimore.

Permit No. A 1001 Office of Realist Ward Statistics. Ward 18
The Physician who attended any person in a drs. illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, July 6" 188)
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, { Cross out the word not } required in this line. }
Age, Years, 6 Months, Days
Color, while
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Occupation,  Birth Place, {State or country, and how long in the United States, if of foreign birth.  Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1161 Bowen &
Cause of Death, { First (Primary), Entero - Colitis   A Sylvaniatice in community
Duration of Last Sickness, 10 days
Place of Burial,
Date of Burial, Sully S. /8.7.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ballo X Address , 2 5

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far at the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certification Mevarimeni The Physician who attended any person in a last illiness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the buril, within twenty four bours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIANCE BE OBTAINED WITHOUT A PROPER CERTIFICATE. Vital Statistics. Date of Death,\_ Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Mak or Female, {Cross out the word not required in this line.} Days. Months. Age, Colored Color, .... Married, Single, Widow or Widower, {Cross out the words not } Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} Colantons First (Primary), Cause of Death, plegra Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Ly Spa Date of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

Undertaker,....

Place of Business,

SECTION 2. And be if further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ceremanter.
Permit No. Menartment, City of Baltimore.  Permit No. Maria Office of Beautrar of Vital Statistics. Ward 20.
The Physician who attended any person in a last it is sponsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, fithin twenty-fold-flours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial Cay 1.27 Members A Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, 3- 1887
Pull Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of presents.
Sex, Male or New No. {Cross out the word not }
Age, Years, One Months, Days.
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Ballemore,
Place of Death, {Give Street and } Bruce St near Baker St
Cause of Death, { First (Primary),
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, & hark
Date of Burial, July 1 The Shanow N. D.
(Undertaker, 1) /2 Chase
Place of Business, 6

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and combution (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this constant
Permit No. 1004 Office of Registrat of Vital Statistics. Ward  The Physician who attended any person in a last idness is rettingible for the description of this Certificate, accurately filled out.
The Physician who attended any person in a last illness, is respinsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be of anyth without a tree in Certificate.
Date of Death, July 36 87
Full Name of Deceased, Write legibly and spell to live frederick Deck
Sex, Male or Female, Cross out the word not required in this line.
Age, Months, Days.
Color, white
Married, Single, Wilson or Willower, {Cross out the words not } required in this line. }
Occupation, Paritherly
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, of The City of Baltimore, of Residence in the Ci
Place of Death, {Give Street and Number.} 125/ raboly process.
Cause of Death, Second (Immediate) Inbrocular Bronchets
Duration of Last Sickness, Veu Juneau.  All the above information should be furnished by the Physician.
Place of Burial, Louden Park
Date of Burial, July 8th
J. Undertaker, Georgehilling
Place of Business, Ashland Syno Address, 4 19 Jay Much
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Date of Burial,

Undertaker,

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate
Permit No. 1005 Office of toxisticar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out
to the Undertaker or other person superintending the burial, within to any four after the death of said deceased, or sooner, i requested so to do, under penalty of law.  No Permit for Burial can be Original Wife of a Profes Certificate.
CERTIFICATE OF DEATH.
Date of Death, Asly 7 /8/
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not names of parents.  Sex. Male or Female, {Cross out the word not}
Sex, Male or Female, {Cross out the word not required in this line. }
Age, Years, Months, 2 Day
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life
Place of Death, {Give Street and } 435 Orchard II
Cause of Death, { First (Primary), Cholera Sufaulium Second (Immediate), Aotherna
Duration of Last Sickness, One ciel
Place of Burial, Level
I WOO U Day with a state of the

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

M. D.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

All the above information should !

Place of Buriat,

Date of Burial,

Undertaker,

The Special Attention of Physicians is	s Respectfully Invited to the Re	marks below, and to L	ist of Diseases on back of	this termination
The Physician who attended any to the Undertaker or other person sup	Office of Repaired perintending the barial, within aw. FOR BURIAL CAN BE OFFACE	hsible for the presents twenty-four hours after	the death of said decea	accurately filled one, sed, or sooner, if
CERT	<b><i>TIFICATE</i></b>	OF DI	EATH.	
Date of Death,	July 604	1		
Full Name of Deceased, \( \begin{array}{c} \mathbb{W} & \congrue \text{constraint} & \	rite legibly and spell rrectly. If an Infant t named, give names	any &-	Brown	
Sex, Male or Female, Cross of require	out the word not }			of the same of the
Age,	Years,	Months.	s,	Days.
Color,	Cov	cored	. /	
Married, Single, Widow or	Widower, { Cross out the word required in this lin	s not }	1/	
Occupation,			•	
Birth Place, State or country, and long in the United St.	how how how.	act.	0 */	
Duration of Residence in	the City of Datellinoit.	***************************************	g left	
Place of Death, {Give Street and Number.	} 55	5- arch	and or	
Cause of Death, $\left\{egin{array}{l}  ext{First (Prin} \  ext{Second (In} \  ext{} \end{array} ight.$	nary), let	holera Li	faulini	
Duration of Last Sickness	·,	5 day	5	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

EALTH DEPARTIMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/27/2022

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.
Permit No. 1007 Office of Registrar of Vital Swistics. Ward
The Physician who attended any person in a last illness, is responsible for the Physician of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be ortant without a labora Certificate.
CERTIFICATE OF DEATH.
Date of Death, lely 6. 1889
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Dex, Male or Female, {required in this line. }
Age, Years, Months, Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, all his both
Place of Death, {Give Street and } Went & Hour free g
Cause of Death, { First (Primary), Second (Immediate), Of Second Death (Immediate), Of Second Death (Immediate)
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Iwest Home Constern
Date of Burial, Duly 7 189
(Undertaker, Laniel Hynn Medical Attendant.
Place of Business, 42. 6. West & Address, 1/8 Magran

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Undertaker.

Place of Business

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. 1008 Permit No. Office of Regis atistics. The Physician who attended any person in a last illnes, espons to the Undertaker or other person superintending the burial, within requested so to do, under penalty of law.

No Permit for Burial can be Organized. of this Certificate, accurately filled out, ceath of said deceased, or sooner, if ROPER RTIFICATE. Date of Death, Full Name of Deceased, \{\begin{array}{l} \text{Write legibly and spell} \\ \text{correctly. If an Infant} \\ \text{not named, give names} \end{array}\} Sex, Male or Fomale, {Cross out the word not required in this line.} Age, Months, Color, Married, Single, Widow or Widower, {Cross out the words not required in this line.} Occupation, Ballunce Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the P Place of Burial, Date of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Convey! Address 10

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Place of Business,

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certain
Bealth Department, City of Baltimore.
The Physician who attended any person in a last illness, is respectfully the provident who attended any person in a last illness, is respectfully the provident which continues the continues of
The Physician who attended any person in a last illness, is repentible for the presentation of this Certificate, accurately filled out, he Undertaker or other person superintending the burial, within Vibenty Jona Low. The state of said deceased, or sooner, if nested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OUTAINED WITHOUT A PHOTON CERTIF CATE.
CERTIFICATE OF OPENTH.
te of Death, Lely 6" '69
U Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
x, Male or Female, {Cross out the word not }
e, 55 Years, Months, Days
for, Polite
arried, Single, Widow or Widower; {Cross out the words not } {required in this line.}
supation,. Peddle
th Place, {State or country, and how long in the United States, if of foreign birth.
ration of Residence in the City of Baltimore, 224/25
ace of Death, {Give Street and} 33 or. Bend n.
use of Death, { First (Primary), Internal Second (Immediate), Second (Immediate),
ration of Last Sickness, Que Bay
All the above information should be furnished by the Physician.  Acce of Burial, tell Wint Cent
te of Burial, July 7" 1887 ) 90 6
Indertaker, Evans, Gene De Merry M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

1000 & Baltimost Address 57 12.

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

[OVER.]

Date of Burial,

Business,

The Special Attention of Physicis	ans is Respectfully Invited to the R	emarks below, and to	List of Diseases on D	ack of an
	Department,			re. 4
requested so to do, under penalty	Office of Registral d any person in a last illness of n superintending the burkl, while of law. MIT FOR BURIAL CAN BE OBTACE	ponsible for the present twenty-four-hours	tate of this Certific r the death of said	Ward
Date of Death,	RTIFICATE	OF D	EATH.	00
Full Name of Deceased Sex, Male or Female, {{	Write legibly and spell correctly. If an Infant not named, give names of parents.  Tross out the word not the course of parents in this line.	M. S	enney	
Age,	Years, 8		28,	Days.
	or Widower, {Cross out the wor required in this l	rds not }	V	
Birth Place, State or country long in the Unit if of foreign bir	and how Political States, Political	in Coly.	1	
Place of Death, Give Street Number	t and the City of Battimore	25-7	rough.	St.
Cause of Death, {	Primary), Land (Immediate),	Thun	tion	
Duration of Last Sicka	ness, be furnished by the Physician.	100	ays,	
Place of Burial New	w Cathedial	1		

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

M. D.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]